

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/486000**
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101	✓	✓					51						
102	✓	✓					52						
103	✓	✓					53						
104		✓					54						
105		✓					55						
106		✓					56						
107		✓					57						
108		✓					58						
109		0					59						
110		0					60						
111		✓					61						
112		✓					62						
113		✓					63						
114		✓					64						
115		✓					65						
116		✓					66						
117		0					67						
118		0					68						
119		✓					69						
120		✓					70						
121		✓					71						
122		✓					72						
123		✓					73						
124		0					74						
125		✓					75						
126		0					76						
127		0					77						
128		0					78						
129	✓	0					79						
30							80						
31							81						
32							82						
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49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

PTO-1380 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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